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16711 U.S. PTO  
0331041081675  
22857 U.S.P.T.O.

033104

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No.

P-162-US1

First Inventor

Mathai MAMMEN

Title

DIARYLMETHYL AND RELATED COMPOUNDS

Express Mail Label No.

EV 312852595 US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

- Fee Transmittal Form (e.g., PTO/SB/17)  
*(Submit an original and a duplicate for fee processing)*
- Applicant claims small entity status.  
See 37 CFR 1.27.
- Specification [Total Pages 175]  
*(preferred arrangement set forth below)*
  - Descriptive title of the Invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (*if filed*)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
- Drawing(s) (35 U.S.C. 113) [Total Sheets 1]
- Oath or Declaration [Total Sheets 3]  
 a.  Unexecuted copy  
 b.  Copy from a prior application (37 CFR 1.63 (d))  
*(for a continuation/divisional with Box 18 completed)*
  - i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
- Application Data Sheet. See 37 CFR 1.76

**ADDRESS TO:**

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

7.  CD-ROM or CD-R in duplicate, large table or Computer Program (*Appendix*)
8. Nucleotide and/or Amino Acid Sequence Submission (*if applicable, all necessary*)
  - a.  Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i.  CD-ROM or CD-R (2 copies); or
    - ii.  Paper
  - c.  Statements verifying identity of above copies

**ACCOMPANYING APPLICATIONS PARTS**

9.  Assignment Papers (cover sheet & document(s))
10.  37 C.F.R. 3.73(b) Statement  Power of Attorney (*when there is an assignee*)
11.  English Translation Document (*if applicable*)
12.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
13.  Preliminary Amendment
14.  Return Receipt Postcard (MPEP 503)  
*(Should be specifically itemized)*
15.  Certified Copy of Priority Document(s) (*if foreign priority is claimed*)
16.  Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17.  Other: Application Cover Sheet

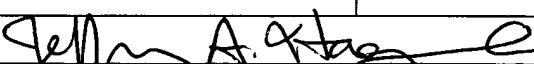
18. If a CONTINUATING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation     Divisional     Continuation-in-part (CIP)    of prior application No: \_\_\_\_\_ / \_\_\_\_\_  
 Prior application information:    Examiner \_\_\_\_\_ Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number		27038		OR <input type="checkbox"/> Correspondence address below	
Name	Jeffrey A. Hagenah, Reg. No. 35,175				
Address	Theravance, Inc.				
	901 Gateway Boulevard				
City	South San Francisco	State	CA	Zip Code	94080
Country	USA	Telephone	(650) 808-6000	Fax	(650) 808-6078

Name (Print/Type)	Jeffrey A. Hagenah	Registration No. (Attorney/Agent)	35,175
Signature			Date

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1226)

Complete if Known	
Application Number	Not yet assigned
Filing Date	March 31, 2004
First Named Inventor	Mathai MAMMEN
Examiner Name	Not yet assigned
Art Unit	Not yet assigned
Attorney Docket No.	P-162-US1

## METHOD OF PAYMENT (check all that apply)

 Check    Credit card    Money    Other    None  
 Order
  Deposit Account:

Deposit Account Number 50-0344

Deposit Account Name Theravance, Inc.

## The Director is authorized to: (check all that apply)

- 
- Charge fee(s) indicated below
- 
- Credit any overpayments
- 
- 
- Charge any additional fee(s) during the pendency of this application
- 
- 
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code (\$)	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify) _____			

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0)

\*\*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY						Complete (if applicable)
Name (Print/Type)	Jeffrey A. Hagenah		Registration No. (Attorney/Agent)	35,175	Telephone	(650) 808-6000
Signature				Date	March 31, 2004	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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